

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20167** (5)

1. Corporation Name  
**WOMEN OF SPANISH ORIGIN, INC.**



Principal Place of Business <b>P O BOX 8208 CORAL SPRINGS FL 33075</b>	Mailing Address <b>P O BOX 8208 CORAL SPRINGS FL 33075</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/16/1987</b>	4. FEI Number <b>65-0066878</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>BRANA, MARLENE 5609 NW 61ST AVENUE CORAL SPRINGS FL 33067</b>
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10. Name and Address of New Registered Agent 81 Name <b>NORA AYALA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4300 N.W. 101 DRIVE</b> 83 84 City <b>CORAL SPRINGS</b> FL 85 Zip Code <b>33065</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **NORA AYALA** (NOTE: Registered Agent Signature is required when re-registering) DATE **2-28-98**

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P BRANA, MARLENE</b>
STREET ADDRESS	<b>5609 N.W. 61ST AVE.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP AYALA, NORA</b>
STREET ADDRESS	<b>4330 N.W. 101ST DRIVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T ROBLES, N. C</b>
STREET ADDRESS	<b>4331 N.W. 101ST DRIVE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S RAMIREZ, POCIO</b>
STREET ADDRESS	<b>7572 N.W. 50 COURT</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D KRAVITZ, ROSA</b>
STREET ADDRESS	<b>5150 N.W. 82ND TERRACE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D NEIRA, MARIA F</b>
STREET ADDRESS	<b>12440 S.W. 1ST STREET</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P NORA AYALA</b>
1.3 STREET ADDRESS	<b>4330 N W 101 DRIVE</b>
1.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VP PATRICIA CHONG</b>
2.3 STREET ADDRESS	<b>9133 N W 53RD STREET</b>
2.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ROBLES, M. C.</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D MARLENE BRANA</b>
6.3 STREET ADDRESS	<b>5609 N W 61ST AVENUE</b>
6.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **M. C. ROBLES** *M. Cristina Robles* DATE: **2-28-98** (954) 753-5246

CR2E037 (10/97)

## ***DIRECTORS***

***D***

***BLANCA GARTNER  
5073 N. W. 103 AVENUE  
CORAL SPRINGS, FL 33076***

***D***

***LYDIA DE LA CERDA  
5701 N. W. 55 LANE  
TAMARAC, FL 33319***

***D***

***SOFIA KOSTOPOULOS  
8549 N. W. 57 DRIVE  
CORAL SPRINGS, FL 33067***